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Statement submitted by Association de volontaires pour le service international, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

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Statement*

Globalisation, Health and Public-Private Partnership

I. GENERAL FRAMEWORK

Health is more than just absence of disease: the words *health* and *whole* have the same linguistic root. In fact, health is vital to every human being and is fundamental to the social and economic development of every society. Moreover, health is both a condition and a means to achieve, sustain and maintain human development. Health is not solely determined by income or wealth. Poor countries can achieve good health through political and social commitment to equity, which takes into consideration the basic rights of the person: access to food, education and essential health care services.

It is true that in these nine years since the world's leaders pledged to achieve the Millennium Development Goals, progress has been made and the health indicators show it clearly, but the gap between the poor and the rich is increasing steadily throughout the world and within the same countries, denying million of people the possibility to grow and develop. This situation is compounded by the pandemia of HIV/AIDS and armed conflicts.

Unfortunately, Health Systems, particularly in sub-Saharan Africa, are deteriorating. Resources committed for health are limited, the brain drain deprives countries of their human and professional capital, the introduction of user fees in public services, and the rapid spreading of privatisation and market rules are causing situations of grave imbalances and inequity, thus excluding growing number of people from basic health services. Families are often selling their *capital* (land and cattle) or giving up food and education in order to care for sick members, fuelling the vicious circle of poverty-sickness-poverty. The Alma-Ata declaration is still "pending" after 30 years of effort.

The Eradication of Poverty and the Globalisation of Solidarity call for international cooperation in order to provide the minimum basic services necessary to guarantee respect for the dignity of each person and the possibility of development.

The strategy of the "Sector Wide Approach" (Swap), the Paris Declaration and the Accra Agenda for Action focus on the responsibility of governments in planning, implementing and integrating external official aid in their national health programmes. It is a complex and delicate process which implies international donors and enhancement of national partnerships. Implementation is not devoid of risks as this approach assumes preconditions that are quite often unmet (e.g. accountability of various levels of government, high degree of participation).

A country-wide, transparent framework of all the resources available for health-care implies recognition of the essential roles played by non-state actors, including global philanthropy, profit and non-profit service providers and their contribution to the public good.

* Issued without formal editing.

II. RECOMMENDATIONS

AVSI, an international NGO for development, involved directly in various sectors including in integrated health programs in more than 35 countries, would like to offer the following recommendations which are field-tested and considered relevant for policy formulation.

1. Person, family and community at the center.

We cannot overlook the evidence that health-care at its core implies a person who takes care of the "sick" one. If we think that health care is simply a matter of techniques or organization, or a fight against sickness, we get lost; just as we get lost if we don't recognize that the single person is always born into and thrives within a family and community environment. A family's capacity to participate in building and sustaining a conducive environment for health is key to the long-term health of individuals, families and communities. There is an urgent need to support families and communities in providing safe, stable and supportive environments for children and other vulnerable groups. For example in Africa, AVSI has promoted the creation of the Community Based Health Care Association in the Democratic Republic of the Congo, Uganda and Nigeria. Support to Traditional Birth Attendants, Community Health Workers and Community Based Safety Networks, such as the *Rwot Kweri* societies in Northern Uganda, have been a basic strategy of the interventions for the Eradication of Guinea Worm Disease which has been so successful precisely because of this high level of participation at the grassroots level. Community Volunteers Counsellors, schoolteachers and adults are trained in Northern Uganda, Southern Sudan, and the Democratic Republic of the Congo to help children to cope with the brutality of the armed conflict and to strengthen their resilience and to address the health impacts of conflict by supporting existing social structures.

2. Improvement and strengthening of basic health services, with special attention to mothers and children and Persons with Disabilities (PWDs).

Children are *that precious treasure given to each generation as a challenge to its wisdom and humanity*.[1] In poor urban settings of Brazil, such as the slum *Novos Alagados* of Salvador de Bahia, AVSI supports Maternal and Child Health and Nutrition Units. In Rwanda, since the 1994 massacres, AVSI has supported the Ministry of Health in the Rehabilitation and reorganisation of Services for PWDs, creating the first School of Physiotherapy of the country following the successful model of the reorganisation of services to PWDs adopted in Uganda since 1989. The Integrated Management of Childhood Illnesses (IMCI) program in Uganda provides other countries in the African Region with a model of delivery of an integrated package of essential services for children.

[1] Intervention by H.E. Msgr. Celestino Migliore at the 58th General Assembly of the United Nations on the Millennium Summit — Thursday, 9 October 2003.

3. Development of Health Systems through Public-Private Partnerships.

AVSI's findings from its health care programs in Uganda, the Democratic Republic of the Congo, the Middle East (Lebanon) and the Balkans (Albania) stress that Health System strengthening, made up of institutional and capacity building at all levels of the health system (community, service delivery units and networking, district and central decision making levels) and including infrastructure renovation and equipment maintenance, is key for sustainable health care and for effectively targeting specific disease like HIV/AIDS and malaria.

We support recommendations arising from various studies which suggest the need of a global effort to redefine what health system strengthening means and the need for a consensus on strengthening strategies.

The duty of the state to preserve public goods and to ensure each citizen equal and affordable access to health care doesn't necessarily mean that the state should be the only recognized provider of those services.

We emphasize the fact that to rely on non state actors is not the lesser evil to be accepted in extreme cases when, due to certain constraints such as conflict or isolation, the state run facilities are either non-existent or poorly managed.

Rather, we recommend that government institutions can and should design inclusive policies and programs which take advantage of, support, harmonize and monitor the performance of all the actors in the health care sector, particularly the non-profit ones.

Not only does this strategy prove to be cost-effective in expanding general health care coverage, but it also puts into practice the fundamental principles of equity, solidarity and subsidiarity which are the basis for a vibrant democracy and a peaceful public life.

AVSI is proud for having supported the process and implementation of the agreement in which the Government of Uganda recognizes and supports, even financially, the Public Service rendered by the network of Private Not for Profit Health Providers (PNFPHP), which benefits 30% - 40% of the total population, mainly in disadvantaged areas.

It is in this context of "horizontal decentralization", which implies a continuous effort of institution and confidence building at various levels, that Public-Private partnership can be a real step forward and not merely a fashionable new slogan.

We commit ourselves to contributing to a healthy world for every person.